

Judicial Authorization for Probation Report Preparation



PART 1 - COUNTY/PROBATION DEPARTMENT

County _____

Name of Probation Department _____

Court(s) Served (Use court ID, i.e., Adams Circuit Court = 01-C-01) _____

All Quarterly Probation, Juvenile Law Services, Annual Operations, and Expenditures & Budget reports must be filed online using Indiana Courts Online Reporting ("ICOR").
Complete, sign, and return this form to the Division of State Court Administration to be assigned a password and user ID.

Which of the following reports does your probation department complete? (Check all that apply.)

_____ **Adult Felony Probation**

_____ **Adult Misdemeanor Probation**

_____ **Juvenile Probation**

_____ **Quarterly Juv. Law Services (Demographic Info)**

_____ **Semiannual Juv. Law Services (Financial Info)**

☒ **Annual Operations Report**
(Required)

_____ **Report on Expenditures & Budget**

PART 2 - CHIEF PROBATION OFFICER

Name _____

Phone _____

Email _____

Quarterly Probation			Juvenile Law Services		Annual Reports	
Adult Felony Probation	Adult Misdemeanor Probation	Juvenile Probation	Quarterly Demographic Information	Semiannual Financial Information	Annual Operations Report	Budget & Expenditure Report
<input type="checkbox"/> read-only*	<input type="checkbox"/> read-only*	<input type="checkbox"/> read-only*	<input type="checkbox"/> read-only*	<input type="checkbox"/> read-only*	<input type="checkbox"/> read-only*	<input type="checkbox"/> read-only*
<input type="checkbox"/> edit/modify	<input type="checkbox"/> edit/modify	<input type="checkbox"/> edit/modify	<input type="checkbox"/> edit/modify	<input type="checkbox"/> edit/modify	<input type="checkbox"/> edit/modify	<input type="checkbox"/> edit/modify

*Chief Probation Officer completing this form will automatically be given read-only access to **all** reports that are completed by this probation dept. **If additional permissions are desired, please check the appropriate box.**

PART 3 - PROBATION STAFF

		Quarterly Probation			Juvenile Law Services		Annual Reports	
		Adult Felony Probation	Adult Misdemeanor Probation	Juvenile Probation	Quarterly Demographic Information	Semiannual Financial Information	Annual Operations Report	Budget & Expenditure Report
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	_____	read-only	read-only	read-only	read-only	read-only	read-only	read-only
Phone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	_____	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify
Is employee likely to need access to forms for multiple probation departments?		Y / N						
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	_____	read-only	read-only	read-only	read-only	read-only	read-only	read-only
Phone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	_____	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify
Is employee likely to need access to forms for multiple probation departments?		Y / N						
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	_____	read-only	read-only	read-only	read-only	read-only	read-only	read-only
Phone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	_____	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify
Is employee likely to need access to forms for multiple probation departments?		Y / N						
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	_____	read-only	read-only	read-only	read-only	read-only	read-only	read-only
Phone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	_____	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify
Is employee likely to need access to forms for multiple probation departments?		Y / N						
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	_____	read-only	read-only	read-only	read-only	read-only	read-only	read-only
Phone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	_____	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify	edit/modify
Is employee likely to need access to forms for multiple probation departments?		Y / N						

PART 4 - SIGNATURES

_____	_____	_____	_____
Chief Probation Officer's Signature	Date	Judge's Signature	Date